TOUR DE		u.s.	Patent and Tr	rademark C	Office: L	through 06/30/2008. OMB 0651-0031 S. DEPARTMENT OF COMMERCE	
der the Paperwork Reduction Act of 1995	no persons a	are required to respond to a c Application Number	ollection of info 10/507,387		nless it	displays a valid OMB control number.	
TRANSMITTAL	F	Filing Date	May 9, 200	***			
FORM		First Named Inventor	Sen, Dipan				
	r	Art Unit	1631				
to be used for all personned once offer initial	Examiner Name Negin, Russell Scott						
(to be used for all correspondence after initial	_	Attorney Docket Number	2353.0010				
Total Number of Pages in This Submission							
ENCLOSURES (Check all that apply) After Allowance Communication to TC							
Fee Transmittal Form	Dr	rawing(s)					
Fee Attached	Lic	censing-related Papers				I Communication to Board eals and Interferences	
Amendment/Reply	Pe	etition				I Communication to TC I Notice, Brief, Reply Brief)	
After Final		etition to Convert to a rovisional Application			Proprie	etary Information	
Affidavits/declaration(s)	PC PC	ower of Attorney, Revocati hange of Correspondence	on Address		Status	Letter	
Extension of Time Request		erminal Disclaimer			Other below)	Enclosure(s) (please Identify	
I		equest for Refund			50.011		
Express Abandonment Request		D, Number of CD(s)					
Information Disclosure Statement		_					
Certified Copy of Priority	Remarks	Landscape Table on C	.U				
Document(s)		ے۔۔ 1 pg.); check in the sum of	\$230; and a	return ac	cknowl	edgment postcard.	
Reply to Missing Parts/ Incomplete Application							
Reply to Missing Parts under 37 CFR 1.52 or 1.53	:						
;							
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT							
Chernoff, Vilhauer, McClu	Chernoff, Vilhauer, McClung & Stenzel, LLP						
Signature							
Printed name Charles D. McClung							
Date June 18, 2008			Reg. No.	26,568			
C	ERTIFICA	ATE OF TRANSMIS	SION/MAI	LING		·-·	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:							
Signature Signature	/ /_ /						
Typed or printed name Charles D. McCli	ung		·		Date	June 18, 2008	

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

FEE TRANSMITTAL For FY 2008 Filing Date May 9, 2005 First Named Inventor Sen, Dipankar Examiner Name Negin, Russell Scott Art Unit 1631 Attorney Docket No. 2353.0010 Attorney Do	FEE TRANSMITTAL For FY 2008 First Named Inventor Sen, Dipankar Sen, Dip		ctive on 12/08/20			Con	nplete if Knowr	1
FOR FY 2008 First Named Inventor Sen, Dipankar Applicant claims small entity status See 37 CFR 1.27 Art Unit 1631	For FY 2008	ees pursuant to the Consol		· ·	■ Application Numb	ber 10/	507,387	
Applicant claims small entity status. See 37 CFR 1.27 Art Unit 1631	Examiner Name Negin, Russell Scott Art Unit 1631 Attorney Docket No. 2353.0010 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify):	FEE IF	KANS	IVIIIIAL	Filing Date	Ма	y 9, 2005	
Art Unit 1631 Art Un	Art Unit 1631 Art Un	Fo	or FY 20	800	First Named Inve	entor Ser	n, Dipankar	
TOTAL AMOUNT OF PAYMENT (\$) 230.00 Attorney Docket No. 2353.0010 Other (please identify):	TOTAL AMOUNT OF PAYMENT (\$) 230.00 METHOD OF PAYMENT (check all that apply) ✓ Check	Applicant claims amo	all entity status	See 37 CED 1 27	Examiner Name	Neg	gin, Russell Sco	tt
METHOD OF PAYMENT (check all that apply) ✓ Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 03-1550 Deposit Account Name: Chernoff, Vilhauer, et. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the John of this form any become public. Credit card information should not be included on this form. Provide credit information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Application Type Fee(s)	METHOD OF PAYMENT (check all that apply) Check	Applicant claims sma	III entity status.	See 37 CFR 1.27	Art Unit	163	31	
Check	Check	TOTAL AMOUNT OF PA	YMENT (\$)	230.00	Attorney Docket	No. 235	3.0010	
Deposit Account Deposit Account Number: 03-1550 Deposit Account Name: Chernoff, Vilhauer, et al. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the word of the information on this form may become public. Credit card information should not be included on this form. Provide credit cinformation and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Application Type Fee (\$)	Deposit Account Deposit Account Number: 03-1550 Deposit Account Name: Chernoff, Vilhauer, et a	METHOD OF PAYMEN	NT (check all	that apply)			,	
Deposit Account Deposit Account Number: 03-1550 Deposit Account Name: Chernoff, Vilhauer, et : For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the windown of the control of the	Deposit Account Deposit Account Number: 03-1550 Deposit Account Name: Chernoff, Vilhauer, et a	Charle Contin	о . П.	, a. D.				
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the Credit any overpayments Fee (s) Fee	For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the formation and authorized to: Charge fee(s) indicated below, except for the formation and into from may become public. Credit card information should not be included on this form. Provide credit coinformation and authorization on PTO-2038. FEE CALCULATION			•		•		
Charge fee(s) indicated below Charge fee(s) indicated below, except for the Charge any additional fee(s) or underpayments of fee(s) Charge fee(s) indicated below, except for the Credit any overpayments Examination and authorization on this form belief information should not be included on this form. Provide credit credit information and authorization on this form. Provide credit credit information and examination and authorization on this form. Provide credit credit information and examination should not be included on this form. Provide credit credit information and examination and authorization on this form. Provide credit credit information and examination and e	Charge fee(s) indicated below. Charge fee(s) indicated below, except for the formal control of the formation and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Pee (\$) Fee (•	_		auer, et al
Charge any additional fee(s) or underpayments of fee(s) WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit of information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Fee (\$) Fe	Charge any additional fee(s) or underpayments of fee(s) WARNING: funder 37 CFR 1.16 and 1.17 WARNING: funder 37 CFR 1.16 and 1.17 WARNING: funder 37 CFR 1.16 (s) WARNING: funder 37 CFR 1.16 (s) Total Sheets Extra Sheets Fill Gard 1.17 Credit any overpayments Examinary and examinary and sould not be included on this form. Provide credit c		·		nereby authorized to:	(cneck all t	nat apply)	
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit information and authorization on PTO-2038. FEE CALCULATION	WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION	Charge fee(s) indicated be	low	Charge	fee(s) indi	cated below, exce	ept for the fi
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES Small Entity Small Entity EVAMINATION FEES Application Type Fee (\$) Fee (\$) Fee (\$) Evamile Entity Fee (\$) Fee (\$) <th< td=""><td> MARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit cardinformation and authorization on PTO-2038. FEE CALCULATION</td><td></td><td></td><td></td><td>fee(s) Credit</td><td>any overpa</td><td>yments</td><td></td></th<>	MARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit cardinformation and authorization on PTO-2038. FEE CALCULATION				fee(s) Credit	any overpa	yments	
The figure of the first standard of the first standard of the fee (\$) Fe	The content of the properties of the specification thereof. Search Se	WARNING: Information on the	nis form may be	come public. Credit card	information should no	t be include	d on this form. Pro	vide credit ca
Total Claims Extra Claims Fee (\$) Fee	The color of the		n on PTO-2038.					
FILING FEES Small Entity Fee (\$) Fee (Filing FEES							
Application Type	Mapplication Type	1. BASIC FILING, SEA				EXAMINA	ATION FEES	
Utility 310 155 510 255 210 105 Design 210 105 100 50 130 65 Plant 210 105 310 155 160 80 Reissue 310 155 510 255 620 310 Provisional 210 105 0 0 0 0 0 2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Fee (\$) Fee (\$) Fee Paid (\$) - 20 or HP =	Utility		<u>s</u>	mall Entity	Small Entity			r D.
Design 210 105 100 50 130 65	Design 210 105 100 50 130 65							rees Pa
Plant 210 105 310 155 160 80	Plant 210 105 310 155 160 80	•						
Reissue 310 155 510 255 620 310	Reissue 310 155 510 255 620 310 Provisional 210 105 0 0 0 0 0 2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) - 3 or HP =	-			_			
Provisional 210 105 0 0 0 2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Pee (\$) Fee (\$) Pee (\$) Fee (\$)	Provisional 210 105 0 0 0 0 0 2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) - 3 or HP =							
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Total Claims Fee (\$) Fee Paid (\$) -20 or HP = x = Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$)	2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee (\$) Fee Paid (\$) Multiple Dependent Claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims Fee (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee (\$) Fee (\$) Fee Paid (\$) Fee (\$) Fee (\$) Fee Paid (\$) Fee (\$)							_
Fee Description Fee (\$) Fee (\$) Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 210 105 Multiple dependent claims 370 185 Total Claims Extra Claims Fee (\$) Fee Paid (\$) — - 20 or HP = x = Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)	Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Each independent claims Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of independent claims paid for, if greater than 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or comp listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each addition sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee (\$			105	0 0	0	-	
Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$)	Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) — -3 or HP = x =		EES					
Multiple dependent claims Total Claims Extra Claims Fee (\$) - 20 or HP =	Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) -3 or HP = x = Fee Paid (\$) HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or comp listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each addition sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee (round up to a whole number) x = Fee		(including R	eissues)			50	
Total Claims Extra Claims Fee (\$) Fee Paid (\$) - 20 or HP = x = HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) - 3 or HP = x = x - 3 or HP = x = x - 3 or HP = x - 3 or HP = x - 3 or HP	Total Claims - 20 or HP =			including Reissues)				
20 or HP = x = Fee (\$) Fee Paid (\$)								
HP = highest number of total claims paid for, if greater than 20. Indep. Claims	HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or comp listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each addition sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof - 100 =	Total Claims			ee Paid (\$)		-	
Indep. Claims	Indep. Claims -3 or HP = x = x = = = = = = = = = = = = = = =				····		1 66 (4)	10014
	HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or comp listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each addition sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets	- 20 or HP =	iai Gairis paig io	r, it greater than 20.				
UD - highest number of independent claims paid for it greater than 3	3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or comp listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each addition sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets - 100 = /50 = (round up to a whole number) x = 4. OTHER FEE(S)	- 20 or HP = HP = highest number of tot Indep. Claims			ee Paid (\$)			
	sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof (round up to a whole number) x 4. OTHER FEE(S)	- 20 or HP = HP = highest number of tot Indep. Claims - 3 or HP = HP = highest number of ind 3. APPLICATION SIZE	Extra Claims lependent claims	paid for, if greater than 3.				
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or com	Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee - 100 = /50 =	- 20 or HP = HP = highest number of tot Indep. Claims - 3 or HP = HP = highest number of ind 3. APPLICATION SIZE If the specification an	Extra Claims lependent claims FEE lid drawings e	ns Fee (\$) = ! paid for, if greater than 3. exceed 100 sheets of	paper (excluding e			
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or com listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional exception of the specific paper (excluding electronically filed sequence or complete paper).	100 = / 50 = (round up to a whole number) x = 4. OTHER FEE(S)	- 20 or HP = HP = highest number of tot Indep. Claims - 3 or HP = HP = highest number of ind 3. APPLICATION SIZE If the specification an listings under 37 (Extra Claims lependent claims FEE ad drawings e CFR 1.52(e))	reside for, if greater than 3. Exceed 100 sheets of the application size	paper (excluding el fee due is \$260 (\$	130 for sm		
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or com listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additionable sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).	4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)	- 20 or HP = HP = highest number of tot Indep. Claims - 3 or HP = HP = highest number of ind 3. APPLICATION SIZE If the specification an listings under 37 (sheets or fraction	Extra Claims lependent claims FEE d drawings e CFR 1.52(e)) thereof. See	repaid for, if greater than 3. exceed 100 sheets of the application size 35 U.S.C. 41(a)(1)(4)	paper (excluding el fee due is \$260 (\$ G) and 37 CFR 1.10	130 for sm 6(s).	nall entity) for e	ach additio
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or com listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)	Non-English Specification, \$130 fee (no small entity discount)	- 20 or HP = HP = highest number of tot Indep. Claims - 3 or HP = HP = highest number of ind 3. APPLICATION SIZE If the specification an listings under 37 (sheets or fraction Total Sheets	Extra Claim lependent claims FEE d drawings e CFR 1.52(e)) thereof. See Extra Shee	reside (\$) = 1	paper (excluding el fee due is \$260 (\$ G) and 37 CFR 1.10 each additional 50 o	130 for sm 6(s). r fraction t	nall entity) for e hereof <u>Fee (</u>	ach additio
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or com listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee (\$) - 100 = /50 = (round up to a whole number) x = 4. OTHER FEE(S)		- 20 or HP = HP = highest number of tot Indep. Claims - 3 or HP = HP = highest number of ind 3. APPLICATION SIZE If the specification an listings under 37 (sheets or fraction Total Sheets - 100 = 4. OTHER FEE(S)	Extra Claim lependent claims FFEE d drawings e CFR 1.52(e)) thereof. See Extra Shee	reside for, if greater than 3. Exceed 100 sheets of the application size 35 U.S.C. 41(a)(1)(ats Number of the policy of the pol	paper (excluding elfee due is \$260 (\$G) and 37 CFR 1.10 ach additional 50 or a w	130 for sm 6(s). r fraction t	nall entity) for e hereof <u>Fee (</u>	ach additio

1	SUBMITTED BY			
ſ	Signature	9/12	Registration No. (Attorney/Agent) 26,568	Telephone (503) 227-5631
Į	Name (Print/Type)	Charles D. McClung		Date June 18, 2008

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

O 5008 R	U.S. Patent and Tra	pproved for use through 06/30/2 demark Office; U.S. DEPARTMI	ENT OF COMMERCE		
Under the Paperwork Reduction Act of 1995 no persons are required to re		mation unless it displays a valid Complete if Known	OMB control number		
Effective on 12/08/2004. Effective on 12/08/2004. Output Description of the Consolidated Appropriations Act, 2005 (H.R. 4818).	Application Number	10/507,387			
FEE TRANSMITTAL	Filing Date	May 9, 2005			
For FY 2008	First Named Inventor	Sen, Dipankar			
101112000	Examiner Name		·		
Applicant claims small entity status. See 37 CFR 1.27	Art Unit	Negin, Russell Scott 1631			
TOTAL AMOUNT OF PAYMENT (\$) 230.00	Attorney Docket No.	2353.0010			
METHOD OF PAYMENT (check all that apply)		1			
Check ☐ Credit Card ☐ Money Order ☐ Nor	e UOther (please id	entify):			
Deposit Account Deposit Account Number: 03-1550	Deposit Account N	_{ame:} Chernoff, Vilhauer	, et al		
For the above-identified deposit account, the Director is her	reby authorized to: (checl	call that apply)			
Charge fee(s) indicated below	Charge fee(s) indicated below, except fo	r the filing fee		
Charge any additional fee(s) or underpayments of fe	e(s) Credit any ov	rerpayments			
under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card inf		• •	redit card		
information and authorization on PTO-2038.		· · · · · · · · · · · · · · · · · · ·			
FEE CALCULATION					
1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEAR	OU FEED EVAL	MINIATION FEE			
Small Entity	CH FEES EXAI Small Entity	MINATION FEES Small Entity			
Application Type Fee (\$) Fee (\$) Fee (\$)			ees Paid (\$)		
Utility 310 155 510	255 21		 .		
Design 210 105 100	50 13	_	<u> </u>		
Plant 210 105 310	155 16				
Reissue 310 155 510	255 62	_			
Provisional 210 105 0	0	0 0			
2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Fee (\$)					
Each claim over 20 (including Reissues) 50 25					
Each independent claim over 3 (including Reissues)			05		
Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee	Paid (\$)	370 18 Multiple Depende	85 nt Claims		
- 20 or HP = x =			ee Paid (\$)		
HP = highest number of total daims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)					
3 or HP = x =					
HP = highest number of independent claims paid for, if greater than 3.					
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer					
listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50					
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)					
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$)					
Other (e.g., late filing surcharge): Extension of Time fee (2	mos.)		230.00		

SUBMITTED BY	/		
Signature	My	Registration No. (Attorney/Agent) 26,568	Telephone (503) 227-5631
Name (Print/Type)	Charles D. McClung		Date June 18, 2008

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.